| | PATEN | EC | CORD Application or Docket Number | | | | | | | | | |
|--|--|---|--|---|--|----|------------|------------------------|-----------|------------------|------------------------|--|
| L | Effective December 8, 2004 | | | | | | 101560704 | | | | | |
| | | CLAIMS A | (Column 1) (Column 2) | | | | SMALL ENT | TITY | OR | OTHER SMALL E | | |
| U.S. NATIONAL STAGE FEES | | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _ ` | (Oddinin 2) | 1 | RATE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. = \$ | 150 t | ARGE ENT. = \$ 300 | 1 | BASIC FEE | | OR | BASIC FEE | 2/1/ | |
| EX | MINATION FE | E | Satisfies PCT Article 33(1)- All other situations = (4) = \$50/\$100 \$100/\$200 | | | | EXAM. FEE | | | EXAM, FEE | 2/17 | |
| SEARCH FEE | | | U.S. is ISA = \$ 50 / ALL other countrie \$ 200 / \$ 400 | \$ 100 A | ALL other situations = \$ 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 477) | |
| FEE | FOR EXTRA S | SPEC. PGS. | minus 1 | 00 = | / 50 = | | X \$ 125 = | | | X \$ 250 = | | |
| TO 1 | AL CHARGEA | BLE CLAIMS | 8 minus | 20 = . | | | X \$ 25 = | | OR | X \$ 50 = | | |
| IND | EPENDENT CL | AIMS | | | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MU | TIPLE DEPEN | DENT CLAIM PRI | ESENT . | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 900 | |
| 7 | 26-07 | (Column 1) CLAIMS REMAINING | (Column 2) (Column 3) HIGHEST NUMBER PRESENT | | |] | SMALL E | ADDI- TIONAL | OR | OTHER SMALL E | | |
| AMENDMENT A | | AFTER AMENDMENT | | PAID FOR | | | | FEE | | TOTIE | FEE | |
| | Total | 6 | Minus ** | 20 | | | X \$ 25 ≠ | _/` | QR | X \$ 50-c | , | |
| | Independent | 1 2 | Minus | | | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR ÖR | +\$ 360 = | | |
| • | | (Column 1) | • | (Column : | 2) (Column 3) | | <u>.</u> . | | | <u>.</u> | | |
| AMENDMENT 8 | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | PRESENT LY EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | | Minus ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| AME | Independent | • | Minus *** | • | = | ll | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | | | | | | | |
| | | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |